

**Type of Incident:**

<input type="checkbox"/>	Near Miss	<input checked="" type="checkbox"/>	First Aid Treatment
<input checked="" type="checkbox"/>	Accident/injury	<input checked="" type="checkbox"/>	Medical treatment (work time lost)
<input type="checkbox"/>	Medical Treatment (no time lost)	<input type="checkbox"/>	Notifiable Incident (to SafeWork NSW)
<input type="checkbox"/>	Workers Compensation Claim	<input type="checkbox"/>	Other (e.g. Public Liability – Specify): _____
<input type="checkbox"/>	Property Damage		

**The person involved:** [The person injured or directly affected]

Name:	Dean Jacobs	Residential Address:	42 Wallaby Way Sydney
Age:	32	Role (Or status, e.g. client):	Senior contractor
Manager's name (If relevant):	Jack Jones	Other relevant details:	

**The Incident:** [What happened and who saw it?]

Date:	23/02/2020`	Time:	_____AM __2____PM
Location:	Construction site walkway		
What Happened?	Dean was walking along the allocated walkway on the construction site and tripped on an obstruction of wood resulting in him falling, twisting his ankle and cutting his forearm on a piece of glass. Dean could not put weight on his ankle after the fall and the cut on his forearm was quite deep with the glass lodged in the skin.		

<p><b>Who was injured?</b> or <b>What was damaged?</b> or What could have been the consequence [e.g. near miss]?</p>	<p>Dean Jacobs</p> <p>No damage to any site equipment.</p> <p>There were a number of obstructions in the walk way that should have been removed to prevent trips and falls, including the wood and the glass was not disposed of properly.</p>
<p>Witnesses?</p>	<p>Name: _____ Jenny _____ Phone Number: _____</p> <p>Name: _____ Jake _____ Phone Number: _____</p> <p>Name: _____ Phone Number: _____</p> <p>Name: _____ Phone Number: _____</p>

**After the Incident:**

<p>What happened immediately after the incident [e.g. Ambulance / Police called, first aid given]?</p>	<p>Area was cleared of any further obstructions. Ambulance called for Dean to be taken to the hospital for scans and stitching.</p> <p>First aid applied to the open wound and ankle immobilised and elevated until the ambulance arrived on site.</p>
<p>Who was the incident reported to [e.g. Manager, SafeWork NSW, Client]?</p>	<p>Site supervisor Jack Jones was notified and immediate family of Dean also contacted to inform them of the incident.</p>

<p>What immediate corrective actions were undertaken?</p>	<p>All site members were called to a toolbox meeting where clean up procedures were reviewed, and expectations of team members reiterated. It is the responsibility of all team members to ensure the jobsite is kept clean without obstruction. All near misses must be reported no matter how insignificant they may appear.</p>
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**Declaration by person completing form: signature**

I declare this to be a true account of the incident to the best of my understanding as a direct witness or as the incident was described to me [by a direct witness].

<p>Person who described the incident to you (if you did not witness the incident yourself):</p>	<p>xxx</p>
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Your Name: \_\_\_\_\_xxx\_\_\_\_\_ Role: \_\_\_\_\_xx\_\_\_\_\_. Signature: \_\_\_\_\_

Date of report: \_\_\_\_\_ Contact Number: \_\_\_\_\_

<p><b>Manager Review</b></p>	
<p>Name: _____ Role: _____ . Signature: _____</p>	
<p>Date: _____ Contact Number: _____</p>	
<p>Comments:</p>	
<p>Is an investigation required?</p>	<p>N/A.</p>